PERSONAL FINANCIAL DISCLOSURE FORM

| 1. FULL NAME | 2. SPOUSE'S FULL NAME | 99 |
|--|---|--------------|
| Bobby Gray McElroy | N/A | 99249 |
| 3. RESIDENCE ADDRESS 202 Forest Hill Rd. West Monroe LA 71291-9007 | | 99 |
| 4. SPOUSE'S OCCUPATION (if any) N/A | <u> </u> | |
| 5. PRINCIPAL BUSINESS ADDRESS N/A | | |
| 8. THIS REPORT COVERS CALENDAR YEAR 1999 | 7. CHECK IF AM | ENDED REPORT |
| | 1. CILCATI AN | ENDED REPORT |
| NOTE: Where amounts are required herein, indicate such | amounts by use of one of the following categori | BS: |
| 100000000000000000000000000000000000000 | amounts by use of one of the following categori | BS: |
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| 100000000000000000000000000000000000000 | amounts by use of one of the following categori | BS: |

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

PERSON FILING REPORT

Sworn to and subscribed before me this 7th day of September 1717

Sken M. Morres

NOTARY PUBLIC

Reese 9/1/99 17:30 Ame etu

C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (aither individually or collectively) during the calendar year. "Income" means any Income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annulties; income from life insurance and endowment contracts; pensions; income from discharge of Indebtadness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

| 1. INDIVIDUAL, SPOUSE OR BOTH | 2. NAME AND ADDRESS OF SOURCE OF INCOME | 3. TYPE | 4. AMOUNT | 5. DESCRIPTION OF SERVICES |
|----------------------------------|--|-----------------------|--------------|-------------------------------|
| X INDIVIDUAL SPOUSE BOTH | C. G. McElroy Estate Floy McElroy Executrix PO Box 501 Rayville LA 71269 | Income from estate | Category III | N/A |
| INDIVIDUAL SPOUSE BOTH | | | | |
| INDIVIDUAL SPOUSE BOTH | | | | |
| INDIVIDUAL SPOUSE BOTH | | | | |
| INDIVIDUAL SPOUSE BOTH | 98 (89) | | | |
| INDIVIDUAL SPOUSE BOTH | | | | |

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